

INFORMATIONAL

Date

Dear Parent or Guardian:

Health Check Coordinators in your county make every effort to assure that all children in the Health Check Program (Medicaid) receive regular well child checkups and childhood immunizations (shots). Well check-ups and immunizations are so important to your child (ren's) good health for the future.

As your local Health Check Coordinator I can assist your family with:

- Transportation Services
- WIC
- Carolina ACCESS
- NC Health Choice (medical coverage for children birth to age 19 not eligible for Medicaid)
- Making doctor appointments
- Finding a doctor
- Finding a dentist

I look forward to working with you and your family. Please call me at **999-999-9999, ext. XXXX**.

Sincerely,

HCC's name, County Name Health Check Coordinator

**ALWAYS TAKE YOUR CHILD'S MEDICAID CARD TO
THE DOCTOR'S VISITS**

DELINQUENT SCREENING

Date

Dear Parent or Guardian:

Child's name may be past due for **his/her** well child checkup. You may call **PCP's office** at **999-999-9999** to schedule an appointment. If you need help scheduling the appointment or transportation to and from the appointment please call me at **999-999-9999, ext 9999**.

Thank you for allowing the Health Check Program to participate in **child's name** health care. Remember that the Health Check Program pays for well child checkups and childhood immunizations (shots) for **child's name**.

Sincerely,

HCC's name, County Name Health Check Coordinator

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THE DOCTOR'S VISITS**

MISSED SCREENING

Date

Dear Parent or Guardian:

Child's name missed **his/her** well child checkup appointment on **date** at _____ **PCP's name**. You may call **PCP's office** at **999-999-9999** to reschedule the appointment. If you need help rescheduling the appointment or transportation to and from the appointment, please call me at **999-999-9999, ext XXXX**.

Thank you for allowing the Health Check Program to participate in *child's name* health care. Remember that the Health Check Program pays for well child checkups and childhood immunizations (shots) for **child's name**.

Sincerely,

HCC's name, County Name Health Check Coordinator

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THE DOCTOR'S VISITS**

SECHEUDLED APPOINTMENT

Date

Dear Parent or Guardian:

Your child, **child's name** has an appointment for a well child checkup. **Child's name** has an appointment with **PCP's name** on **date of appointment** at **time of appointment**.

Please call your **PCP's office** at **999-999-9999** if you are unable to keep this scheduled appointment. If you need transportation to and from the appointment please call me at **999-999-9999, ext 9999**.

These well child checkups are very important and are covered by the Medicaid Program.

Sincerely,

HCC's name, County Name Health Check Coordinator

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THE DOCTOR'S VISITS**